

DEPARTMENT OF FINANCE BILL ANALYSIS

AMENDMENT DATE: April 2, 2008
POSITION: Neutral

BILL NUMBER: SB 1056
AUTHOR: C. Migden

BILL SUMMARY: Oil Spill Prevention and Response

Existing law requires any entity responsible for an oil spill in marine waters to notify the Office of Emergency Services (OES), and requires the OES to notify various state agencies including the Administrator of the Office of Spill Prevention and Response (OSPR). This bill would change the notification requirements, and would also place requirements on response time standards set by the Administrator. This bill would be an urgency statute.

FISCAL SUMMARY

This bill would not have a fiscal impact on the state. Any costs associated with decreasing the maximum response time to two hours for spills in the jurisdiction of the San Francisco Bay Conservation and Development Commission (BCDC) would be borne by the OSPR contractors.

COMMENTS

Finance is neutral on this bill because it would improve coordination and response to oil spills in the jurisdiction of the BCDC and would not have a fiscal impact on the state.

This bill would require the OES to notify the BCDC, the counties of Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, and Sonoma, and the city and county of San Francisco of an oil spill within the jurisdiction of the BCDC.

Existing law authorizes the Administrator to set standards for the response to oil spills. The bill would set a maximum response time of two hours for spills in the jurisdiction of the BCDC. The Administrator would be authorized to set a quicker response time. The existing response standard is six hours.

Code/Department Agency or Revenue Type	(Fiscal Impact by Fiscal Year)								Fund Code	
	SO	LA	CO	PROP	FC	2007-2008	FC	2008-2009		FC
3600/Dept FishGam	SO	No				-----	No/Minor	Fiscal Impact	-----	0320
<u>Fund Code</u>	<u>Title</u>									
0320	Oil Spill Prevention & Administration Fd									

Analyst/Principal (0634) M. Almy	Date	Program Budget Manager Karen Finn	Date
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Department Deputy Director	Date
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Governor's Office:	By:	Date:	Position Approved _____
			Position Disapproved _____

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